## APPENDIX 19 EMC QUESTIONNAIRE

## PAPERLESS CLAIMS REQUEST FORM

Address:  4. Do you have an in-house computer system?  If YES, type of computer system:  a. Large main frame (e.g., IBM 360, Burroughs 3800)  b. Mini-Computer (e.g., IBM System 34, or 36 TI 990)  c. Micro-Computer (e.g., IBM PC, COMPAQ, TRS 1000)	-		
Contact Person:  Type of Service(s) Provided:  Estimated Monthly Medicaid Claims Filed:  1. Do you currently submit your Medicaid claims on paper?  2. Are your Medicaid claims computer generated on paper?  3. Do you use a billing service?  If the answer is YES to #2 or #3, please complete the follow Name:  Address:  4. Do you have an in-house computer system?  If YES, type of computer system:  a. Large main frame (e.g., IBM 360, Burroughs 3800)  b. Mini-Computer (e.g., IBM System 34, or 36 TI 990)  c. Micro-Computer (e.g., IBM PC, COMPAQ, TRS 1000)  Model of the paperless claims manual for:			
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